

HEALTH OCCUPATIONS CREDENTIALING CRIMINAL RECORD CHECK PROGRAM

This form should be completed and submitted to Health Occupations Credentialing so a unique identifying number can be assigned as necessary to submit criminal record check requests.

REQUIRED FACILITY INFORMATION

FACILITY NAME: _____

FACILITY TYPE: Please Circle – Home Health Agency(HHA)

HCBS Provider

Behavioral Health

IDD Provider

Private Psychiatric Hospital (PPH)

Residential Day

CMHC

Targeted Case Mgmt.

Residential Care Facility (RCF)

SED Provider

DATE OPENED: _____

EMAIL ADDRESS: _____

MAILING ADDRESS

STREET: _____

CITY: _____

STATE: _____ **ZIP:** _____

MAIN CONTACT PHONE: _____

Submit Form via Fax or Email to:
Health Occupations Credentialing
Fax Number – 785-296-3075
Email – kdads.crcstaff@ks.gov